

April 23, 2015 Industrial Insurance Medical Advisory Committee Meeting

Approved Minutes for Meeting

(*actions taken)

Topic	Discussion & Outcome(s)
	<p>Members present: Drs. Carter, Chamblin, Friedman, Gutke, Harmon, Howe, Lang, Leveque, Thielke, Waring.</p> <p>Members absent: Drs. Bishop, Seaman, Tauben, Zoltani</p> <p>L&I staff present: Lee Glass, Leah Hole-Marshall, Teresa Cooper, Hal Stockbridge, Diane Reus, Nicholas Reul, Simone Javaher, Karen Jost, Jami Lifka, Ian Zhao, Bintu Marong, Jim Nylander, Tim Church</p> <p>Clinical Expert: Sverre Vedal on phone</p> <p>Guests: Deb Fulton-Kehoe</p> <p>Public: Those who signed in were: June Spector, Brian Chin, Jeron Jacobson, Monica Haines, Josh Artzer, Calin Tebay, Tom Louwers, Juli Yamaguchi, Mary McKnight, Chris Bishop, Oteri Oyhoghomh, Bobbi Meins, Michelle Rappaport, Reema Sitka, Stephen Smith, Greg Martin, Jessica Creighton, Sarah Reyneveld, Kris Hartin.</p>
Welcome and approval of minutes	<p>A large number of guest observers attended. Many were residents or fellows at the UW School of Medicine. New member JC Leveque was welcomed to his first regular IIMAC meeting.</p> <p>*The minutes were read and approved unanimously.</p> <p>Dr. Lang inquired about the letter to the legislature that was mentioned at the last meeting (regarding SB5418). Dr. Chamblin updated him that she drafted, circulated and sent a letter as IIMAC chair; testimony was given. Current status of the bill updated with Catastrophic topic later in the agenda.</p> <p>Dr. Chamblin announced a conference that is being sponsored by the Everett Clinic and Group Health, on aggression and violence in the workplace. Flyers were distributed at the ACHIEV meeting. The conference is taking place May 14, 9 am-12:20 pm, at the Everett Clinic. For more information, call 425-317-3629. This was also the subject of Dr. Chamblin's safety tip.</p>
ACHIEV update	<p>Leah Hole-Marshall updated the committee on the ACHIEV meeting which had just taken place.</p> <ul style="list-style-type: none"> • Two COHEs presented to ACHIEV on their programs and innovations: COHE community of Eastern WA and COHE at Group Health. • The Eastern WA and Western WA Business Labor Advisory Boards also presented on their recent meetings. • Jaymie Mai reviewed the department's work on reviewing opioid prescribing and risk of harm. • Quality purchasing vision: An update was presented on L&I's five year plan to continue to partner with provider community to identify and incentivize high quality, evidence based care for injured workers. In addition to L&I staff work, a consultant is providing information about market innovations that L&I may be able to leverage or remain consistent with in order to achieve its goals. <p>Karen Jost gave a brief overview of the 2014 provider survey (also presented at ACHIEV). This was the 4th such survey, targeting attending providers and their staff on</p>

	<p>L&I services. They got 1,100 responses, but some specialties replied in lower numbers than the department was hoping for. The IIMAC is especially interested in the questions and responses about medical treatment guidelines; providers seem aware of them, but don't necessarily use them. Dr. Chamblin encouraged discussion about how to improve this. Suggestions from IIMAC and the public:</p> <ul style="list-style-type: none"> • Link the guideline with the accepted condition on claims • Include a section aimed at patients in each guideline • Create a smart phone app for the guidelines • Reach out to large practices and new doctors, most of whom get no orientation to L&I. COHE's could get included in the presentation. • Remind providers about the book in which the guidelines appear: the upcoming Clinics of North America.
Opioid poisoning notifications and opioid prescribing scorecards	<p>Deb Fulton-Kehoe, researcher at the University of Washington, presented on a project to create feedback to providers using data from L&I and the prescription monitoring database about dangerous or potentially dangerous opioid prescribing. A feedback report ("scorecard") would go to providers who have patients who are getting high-dose opioids, chronic opioids, or concurrent sedatives. A letter would go to providers after one of their patients received inpatient or ER treatment for an opioid poisoning.</p> <p>Discussion: IIMAC members were supportive of the approach and gave suggestions on strengthening the letter.</p> <p>Question: How can we make sure providers read the letter? Suggestions: send it certified mail, require some kind of response, align the language with the Agency Medical Directors' guideline, include directions on what the provider should do next and how to respond. Perhaps send the letter to both the prescribing provider and the attending provider. Send a copy to the medical director if a large organization.</p> <p>Question: Is there a letter of some sort that will go out to providers with high-dose patients <i>before</i> an adverse event? Yes, that is the scorecard that was shown. IIMAC members gave their input on the scorecard design and content.</p> <p>Question: When can the IIMAC expect some follow-up? Pilot testing is happening in June, and the project is requesting more funding from the CDC in July. IIMAC members will get an update at their next meeting in July.</p>
AMDG Opioid Prescribing Guideline and June Pain Conference	<p>Simone Javaher updated the committee on the AMDG guideline, emphasizing the differences between this one and the 2010 version and the recently completed IIMAC/L&I opioid guideline. This edition includes the updates made in the new L&I opioid guideline and is intended for use by the broader community (not just workers compensation). It is more comprehensive and includes sections on special populations, such as children and the elderly.</p> <p>The guideline will also be presented to the Bree Collaborative with the intent that it be adopted as a community standard. Bree includes public and private purchasers, health care providers, payers, and quality improvement organization charged with adopting recommendations to decrease variation in high cost, high utilization services and/or services for which there is safety or effectiveness concerns.</p> <p>The guideline will be presented at a conference sponsored by the Agency Medical Directors' Group on June 9, 2015 in Seattle. Registration information is available on the AMDG website or from L&I staff.</p>
DSM 5 rules	<p>Diane Reus presented the proposed rule changes regarding the DSM 5. Since the last time the IIMAC saw the language, it has not changed, although some public comment has been received. A webinar was held last month to gather stakeholder feedback</p>

	<p>(business, labor and provider communities invited) prior to the CR-102 or proposed rule publication. There were few comments and attendance was low. The rule timeline has the revised rules becoming effective on October 1 2015.</p>
Beryllium guidance	<p>Dr. Reul presented proposed clinical guidance for claims for evaluating beryllium sensitization and chronic beryllium disease.</p> <p>Dr. Sverre Vedal of the University of Washington is a clinical expert on occupational lung disease and especially beryllium, who participated in the working group that drafted the guidance. He attended the meeting by phone, and contributed some answers to clinical questions.</p> <p>Public comment was invited, and two people spoke:</p> <ol style="list-style-type: none"> 1. Chris Bishop, attorney with Wallace, Klor and Mann, representing employers He has concerns about the guidance and does not believe the IIMAC nor the department have the authority to put forth this guidance. Cited RCW 51.36.140 and WACs 296-20-001. He indicates a concern that this guidance would create a presumption of claim allowance. He indicates that this guidance would create a presumption of claim allowance. He indicated that he would prefer language similar to claim policies and he requested and he requested additional time to provide input and stakeholder with his clients. He indicated that he had edits/changes that could be made which would make the guidance more acceptable. 2. Calin Tebay introduced himself as an affected worker with sarcoidosis and berylliosis. He said this guidance is very much needed and urged the committee to adopt. He indicated that he is one of the rare people who has every indication of chronic beryllium disease except the positive beryllium lymphocyte proliferation test. <p>Discussion:</p> <p>The physicians had some clinical questions that were answered by Dr.Reul and Dr. Vedal; changes will be made to the guidance to clarify some of these questions.</p> <p>Some IIMAC members commented that they were not very familiar with the topic and wanted more time. Others agreed and also wanted to ensure that stakeholders were able to provide more comments for L&I to consider and have the opportunity to consult their AAG if needed.</p> <p>Dr. Chamblin asked the committee if they would like to delay the vote on the beryllium guidance until the next meeting. The committee voted unanimously to do that.*Dr. Reul will update the committee in July.</p>
Catastrophically injured workers project	<p>Dr. Reul reviewed the project so far, and the activities the group has prioritized following IIMAC input. The prioritized topics at this time are: nurse case management, Occupational Health Management System (OHMS), discharge planning, administrative barriers, research and analytical coordination, mental health care, prosthetics, report of accident (ROA) tracking and early completion, access to care, and vocational policies and procedures.</p> <p>He explained the proposed “centers of excellence” for amputees and other catastrophically injured workers. He outlined the content areas where IIMAC input is specifically requested, and encouraged IIMAC members who want to work on any part of this project to contact him.</p>



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	In response to the request for an update about SB5418, which would create a pilot project with a medical management firm: the bill passed the Senate but did not pass the house prior to a required cut-off for bills. The legislature is not yet adjourned, so we don't have a final outcome yet.
Knee guideline subcommittee update	Dr. Howe provided an update on the knee surgery subcommittee, which has met twice so far and made a lot of progress. They chose to work first on the highest-volume procedures, which include meniscal surgeries
Medical Treatment Guidelines	The latest data on page views of the medical treatment guidelines at the National Guideline Clearinghouse were presented. Teresa Cooper also gave a summary of the new standards for clinical practice guidelines promulgated by the Institute of Medicine and adopted by the NGC.
Adjourn	Meeting was adjourned at 5:00.